

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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A Public Document

GOVERNOR'S OFFICE
LEGAL AFFAIRS

| | | | |
|--------------------------------------------|---------|----------|--------------------------|
| NAME (LAST) | (FIRST) | (MIDDLE) | DAYTIME TELEPHONE NUMBER |
| Evans, Regina | Valaine | | [REDACTED] |
| MAILING ADDRESS (May use business address) | STREET | CITY | STATE ZIP CODE |
| State Capitol | Sac, CA | 95814 | |
| OPTIONAL: FAX / E-MAIL ADDRESS | | | |

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Governor's Office

Division, Board, District, if applicable:

Your Position:

Deputy Cabinet Secretary

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

☐ The period covered is ____/____/____, through December 31, 2008.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2008, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: _____

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached
Income - Gifts

Schedule E ☒ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

Signature: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

| |
|---------------------------------------------------------------------------------|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____ |
|---------------------------------------------------------------------------------|

- Reminder – you must mark the gift or income box.
- You are not required to report "income" from government agencies.

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>▶ NAME OF SOURCE <u>CA State Protocol Foundation</u></p> <p>ADDRESS <u>1215 "K" Street, Suite 400</u></p> <p>CITY AND STATE <u>Sac., CA 95814</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): <u>08/12/08 08/15/08</u> AMT: \$ <u>712.42</u> <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: <u>Border Governors</u> <u>Conference</u></p> | <p>▶ NAME OF SOURCE _____</p> <p>ADDRESS _____</p> <p>CITY AND STATE _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p> |
| <p>▶ NAME OF SOURCE _____</p> <p>ADDRESS _____</p> <p>CITY AND STATE _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p> | <p>▶ NAME OF SOURCE _____</p> <p>ADDRESS _____</p> <p>CITY AND STATE _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>DATE(S): ____/____/____ - ____/____/____ AMT: \$ _____ <small>(If applicable)</small></p> <p>TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income</p> <p>DESCRIPTION: _____</p> |

Comments: _____